

**CEMETERY AND FUNERAL BUREAU**

P. O. Box 989003
 West Sacramento, CA 95798-9003
 (916) 574-7870 FAX (916) 574-8620

**APPLICATION FOR CERTIFICATE OF AUTHORITY****FILING FEE****\$400****COA NUMBER ISSUED****SECTION A: CEMETERY INFORMATION**

Name of Cemetery			License number (If an existing Cemetery) COA	
New Name of Cemetery (If applicable)		Telephone Number ()		
Address of Cemetery	City	State CA	Zip Code	
Mailing Address of Cemetery (If different than above)	City	State	Zip Code	
Fax Number ()	Email address (Not required)			

SECTION B: NAME OF PERSON FILING THE APPLICATION (Attach a corporate resolution delegating authority to applicant to submit the application on behalf of the corporation.)

Last Name	First	Telephone Number (If different than above) ()		
Mailing Address (For correspondence relating to this application, if different than above.)		City	State	Zip Code

SECTION C: NAME OF DESIGNATED CEMETERY MANAGER (Attach a written statement demonstrating two years experience in the cemetery business in a cemetery of the same size, type, and scope of operation.)

Last Name	First	License Number CEM	Expiration Date
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SECTION D: APPROVAL TO SHARE CEMETERY MANAGER (If applicable, must be under common ownership and within 60 miles of the designated main office.)

Name of Cemetery Designated as Main Office		License Number COA	Miles From New Cemetery	
Address of Main Office		City	State CA	Zip Code
COA Numbers for Additional Cemeteries Managed.	COA #	COA #	COA #	COA #

SECTION E: CORPORATION

Name of Corporation (Exact name as shown on Articles of Incorporation)		
Incorporated in State of	Date Incorporated	FEIN Number

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Date Cashiered	Amount Cashiered	ATS Number	Receipt Number
Affidavit's	CEM	Broker	Inspection Notice Sent
		License Issued On	

SECTION F: CORPORATE OFFICERS (List Names and Titles of the Top 4 Corporate Officers.)			
Title	Last Name	First	Middle Initial
President			
Vice President			
Treasurer			
Secretary			

ATTACH A COMPLETED CERTIFICATION AFFIDAVIT FOR EACH OFFICER.

SECTION G: TRUSTEES (List all Trustees, only one Trustee can be an Officer or Employee of the Corporation.)		
Last Name	First	Middle Initial

ATTACH A COMPLETED CERTIFICATION AFFIDAVIT FOR EACH TRUSTEE.

SECTION H: APPLICANT CERTIFICATION		
<i>I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.</i>		
Signature	Title	Date

Note: The information solicited on this form is required pursuant to Business and Professions Code Sections 9702.1 and 9715. All items in this application are mandatory; none are voluntary, unless indicated. Failure to provide any of the requested information will result in the application being considered incomplete, (incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies). All information provided will be used to determine qualification for licensure, per the Business and Professions Code Section that authorizes the collection of this information. Per California Civil Code Section 1798.17, (Information Practice Act), the Chief of the Cemetery and Funeral Bureau is responsible for maintaining information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code. Requests for information may be addressed to The Custodian of Records, Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834, (916) 574-7870.



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CERTIFICATION AFFIDAVIT

To be completed by each Owner, Partner, Officer, and Trustee (Make additional copies as needed).

I am completing this Affidavit as a:			
<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Trustee
Name of Funeral Establishment, Cemetery, Crematory or Corporation this affidavit is being submitted on behalf of			
Phone Number ()		License Number of FD, CR or COA (If applicable)	
Last Name		First	Middle Initial
Address		City	State Zip Code
Date of Birth	Social Security Number	Title (If applicable)	
Have you previously submitted fingerprint cards or a copy of a Request for Live Scan Service Form to the Cemetery and Funeral Bureau? If yes , for what license, and the approximate date. _____ If no, submit a copy of your completed Request for Live Scan Service form, along with this application, verifying that fingerprints have been scanned and all applicable fees have been paid.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or pled no contest to, a violation of any law of a foreign country, the United States, any state or local jurisdiction? You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code section 1000 or 1203.4. (Traffic violations of \$500 or less need not be reported.) If "yes," please attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country If "yes," please attach an explanation that includes license type, action, and company name (if applicable), year of action and state.			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing certification affidavit, including all supplementary statements.

Signature

Date

FOR BUREAU USE ONLY

Fingerprints on File with		Live Scan Results Received on
Approved by	Enforcement Approval	Date

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.



CEMETERY AND FUNERAL BUREAU

P. O. Box 989003

WEST SACRAMENTO, CA 95798-9003

(916) 327-3219 FAX (916) 445-8147



REQUIRED SUBMISSIONS FOR COMPLETING THE APPLICATION FOR CERTIFICATE OF AUTHORITY

1. Completed Certificate of Authority application with the filing fee of \$400.00.
2. A corporate resolution delegating authority to submit the application on behalf of the corporation.
3. A certified copy of your Articles of incorporation (may be obtained from the Secretary of State's web site located at www.ss.ca.gov/business).
4. Application for permit to sell and issue securities or permit to sell and issue securities. If not applicable, submit a statement that securities will not be sold or issued.
5. Application to the city or county planning commission for a cemetery use permit or rezoning for cemetery purposes, or a certified copy of a land use or zoning permit.
6. Declaration of dedication for cemetery purposes certified by the county recorder.
7. Deed to the property, contract of purchase or any other instrument which provides the applicant with merchantable title thereto.
8. Endowment care trust agreement executed by the board of directors of the cemetery authority.
9. **A statement signed by a majority and verified by one of the directors of the applicant, which statement shall set forth the following eleven requirements:**
 - A. Names and addresses of the incorporators, directors, officers, trustees of the endowment care fund, the cemetery broker and the designated cemetery manager, together with a statement of their experience and fitness to engage in the cemetery business.
 - B. Statement of compensation received or to be received by the officers, directors and sales agents and/or manager.
 - C. A complete and detailed financial statement showing assets, liabilities and reserve.
 - D. If the applicant is a new corporation, the statement shall designate the amount of stock subscribed, the consideration paid for all stock issued and the amount of promotional stock involved.
 - E. If the applicant has engaged in business for a period of time, the statements shall include complete operating profit and loss statements for the preceding three (3) years, or such period of time as the applicant has been in business if less than three years.
 - F. An itemized statement of estimated receipts (from all sources, capitalization, sales, loans, etc.) and expenditures of the applicant for at least five (5) years or such other period as the Bureau may require by written notice to the applicant.
 - G. A statement setting forth the size, location and topography of, and water available for, the property to be used for cemetery purposes.
 - H. A statement of the applicant's proposed plan of operation, which shall include type of selling, approximate size of sales department, along with number of acres initially developed.
 - I. A statement of the amount deposited to the Endowment Care Fund, type of investment made or to be made and the proposed rate of contribution for the future.
 - J. An independent confirmation from the depository or other such proof of deposit of the initial contribution of \$35,000.00 to the endowment care fund as required by Health and Safety Code (HSC) § 8738.1.
 - K. A \$50,000.00 Fidelity bond coverage for Endowment and Special Care Fund Trustees, (HSC § 8734).
10. Submit Certification Affidavit's for all officers and trustees.
11. Verification of publication of change of ownership (if applicable).
12. Once all required documents have been submitted and approved by the Bureau, a field representative will inspect your cemetery before final approval is given and a Certificate of Authority license issued.

As part of the inspection process, the field representative will review your cemetery maps. Please have available for inspection a copy of the map(s) that have been filed with the county recorder for retention by the field representative. Upon completion of a satisfactory inspection, the field representative will submit the maps to the Cemetery and Funeral Bureau in accordance with the licensing requirement.